



CONSULATE GENERAL OF THE UNITED STATES

LEVEL 10 MLC CENTRE 19-29 MARTIN PLACE SYDNEY NSW 2000

<http://canberra.usembassy.gov> Fax: 61 2 9373 9184

Authorized Panel Physicians

Name	Address	Phone
New South Wales		
Dr. Joseph N. Waks	George St. Medical Centre 1st Floor, 308 George Street Sydney, NSW 2000	(02) 9239-1677
Dr. Celina Rappaport	George St. Medical Centre 1st Floor, 308 George Street Sydney, NSW 2000	(02) 9247-4653
Queensland		
Dr. Gary Litherland Will be unavailable, 19 th July to 19 th August 2013.	Cairns Tourist & Local Medical Services Cairns Travel Clinic 15 Lake Street Cairns, QLD 4870	(07) 4041-1699 www.ctlmedical.com.au
Drs. Ross Taylor, Brian Kable & James Yates	Anzac Square Medical Center 280 Ann Street Brisbane, QLD	(07) 3229-1344 (admin@anzacsquaremc.com.au)
Victoria		
Dr. Charles Okraglik	Bridge Street Clinic 141 Bridge Street Port Melbourne, VIC 3207	(03) 9646-3551 visamedical@bigpond.com
Western Australia		
Dr. John Bateman	Kinetic Health – CBD 15-17 Williams Street Perth WA 6000	Tel: (08) 6222 6555 Fax: (08) 9242-9732 E: jbateman@primehealth.com.au
Dr. Elizabeth Sinclair	Mill Street Medical Mill Street Medical Practice Ground Floor, 5 Mill Street Perth, WA 6000	(08) 9322-4788
Altone Medical Centre	2 Hull Way Beechboro, WA 6063	(08) 9279-1079

*The applicants must have 3 recent photographs of themselves, with the likenesses confirmed with official documents containing the applicants' photographs. One photo will be presented at the time of the panel physician contact, and will be stapled to the front of the **Medical Examination for Immigrant or Refugee Applicant** (DS-2053). The other two will be separately attached to the requests for blood collection, and for Chest X-ray.*

SECTION I: PRINCIPAL APPLICANT TO COMPLETE THIS SECTION

My passport, or other official identification document on which my photograph is attached, contains the following information:

Full name: _____

Passport Number: _____ Date of issue: _____

Place of issue: _____ Nationality: _____

(Applicant's signature - in presence of panel physician) (Date)

SECTION II: TO BE COMPLETED BY PHYSICIAN, X-RAY & BLOOD TEST SUPERVISORS

I am satisfied that the person being examined is the bearer of the passport or other document described above.

Signature of examining panel physician: _____

Signature of X-Ray supervisor: _____

Signature of laboratory technician: _____

IMPORTANT FOR PANEL PHYSICIAN:

Please attach photographs as follows:

PHOTO #1: Attach to Form DS-2053

PHOTO #2: Attach to your referral form for Chest-X-ray request

PHOTO #3: Attach to your referral form for Blood Collection